

# The Seventh-day Adventist Church

Focuses  
on  
Ethical  
Issues





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# Introduction

**T**he Christian View of Human Life Committee was established by the General Conference of Seventh-day Adventist for reviewing issues in our current society that impinge upon the dignity and value of human life. The committee is composed of individuals from a wide specter of disciplines including church administrators, theologians, pastors, physicians, lawyers, counselors, and social workers. In addition, expertise in the various fields of knowledge are invited to the committee to bring factual information on issues being discussed. A clear understanding of the issues was thought to be important. Emphasis was put on exploring the moral and ethical implications of those items under discussion. In commenting on and evaluating these issues, it was the committee's intent to base their observations, comments, and recommendations on Biblical principles. The committee worked on a consensus basis and no discussion or recommendation was considered complete until there was consensus among committee members. The committee sought to hear all views on any given subject.

This booklet contains several papers prepared by the committee. These papers have been presented to the General Conference Administrative Committee and/or Annual Council and have been accepted as guidelines and/or information items appropriate for distribution to church members and/or other entities that make inquiry concerning the issues in question.



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*These papers have been developed by The Christian View of Human Life Committee sponsored by the General Conference of Seventh-day Adventists and chaired by Dr. Albert Whiting, Director of the General Conference Health and Temperance Department.*

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# Considerations on Assisted Human Reproduction

**D**evelopments in medical technology have led to a number of interventions designed to assist human procreation. Procedures such as artificial insemination, invitro fertilization, surrogacy, embryo transfer, and cloning increasingly provide new options in human reproduction. Such interventions raise serious ethical questions for Christians seeking God's will on these issues.

The hope of having children is generally powerful. When this hope is frustrated by problems of infertility, the disappointment of childlessness weighs heavily on many couples. Their sorrow deserves understanding and compassion. It is not surprising that many who suffer sadness because of infertility turn to new reproductive technologies to restore hope. However, with the power of such technologies comes the responsibility to decide whether and when they should be used.

Because of their conviction that God is concerned with all dimensions of human life, Seventh-day Adventists are committed to discovering and following God's principles for human reproduction. The power of procreation is God's gift, and should be used to glorify God and bless humanity. Through a careful study of the Bible and the ministry of the Holy Spirit, the community of faith can identify fundamental principles that guide in decision making regarding assisted reproduction. Among the most important of these are:

1. Human reproduction is part of God's plan (Gen 1:28), and children are a blessing from the Lord (Ps 127:3; 113:9). Medical technologies that aid infertile couples, when practiced in harmony with biblical principles, may be accepted in good conscience.

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2. Childlessness should bear no social or moral stigma, and no one should be pressured to have children with or without medical assistance (1 Cor 7:4, 7; Rom 14:4; Matt 19:10-12; 24:19; 1 Tim 5:8). Decisions to use or not use reproductive technologies are a deeply personal matter to be settled mutually by a wife and husband, without coercion. There are many acceptable reasons, including health and the special demands of some forms of Christian service (1 Cor 7:32, 33), that may lead people to refrain from or limit procreation.

3. God's ideal is for children to have the benefits of a stable family with active participation of both mother and father (Prov 22:6; Ps 128:1-3; Eph 6:4; Deut 6:4-7; 1 Tim 5:8). For this reason, Christians may seek medically assisted reproduction only within the bounds of the fidelity and permanence of marriage. The use of third parties, such as sperm donors, ovum donors, and surrogates, introduces a number of medical and moral problems that are best avoided. Moreover, family and genetic identity are significant to individual well-being. Decisions regarding assisted reproduction must take into consideration the impact on family heritage.

4. Human life should be treated with respect at all stages of development (Jer 1:5; Ps 139:13-16). Assisted reproduction calls for sensitivity to the value of human life. Procedures such as in vitro fertilization require prior decisions about the number of ova to be fertilized and the moral issues regarding the disposition of any remaining preembryos.

5. Decisions regarding procreation should be based on complete and accurate information (Prov 12:22; Eph 4:15, 25). Couples considering assisted reproduction should seek such information. Health Care professionals should disclose fully the nature of the procedures, emotional and physical risks, costs, and documented successes and limited probabilities.

6. The principles of Christian stewardship are relevant to



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decisions concerning assisted reproduction (Luke 14:28; Prov 3:9). Some forms of technology are very costly. Couples seeking reproductive assistance should give responsible consideration to the expenses involved.

As Christians seek to apply these principles, they can be confident that the Holy Spirit will assist them in their decisions (John 16:13). The community of faith should seek to understand their aspirations and the issues that childless couples face (Eph 4:11-16). Among the alternatives that infertile couples may consider is adoption. As couples make careful decisions, they should be able to rely on the compassionate understanding of the church family.

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*This recommendation was voted by the Christian View of Human Life Committee at Pine Springs Ranch, California, April 10-12, 1994.*

*This document was voted by the General Conference of Seventh-day Adventists Administrative Committee (ADCOM), Silver Spring, Maryland, July 26, 1994.*

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# Seventh-day Adventist Guidelines on Abortion

*Annual Council, October 12, 1992*

**VOTED,** To approve Seventh-day Adventist Guidelines on Abortion as follows:

**M**any contemporary societies have faced conflict over the morality of abortion.<sup>1</sup> Such conflict also has affected large numbers within Christianity who want to accept responsibility for the protection of prenatal human life while also preserving the personal liberty of women. The need for guidelines has become evident, as the Church attempts to follow scripture, and to provide moral guidance while respecting individual conscience. Seventh-day Adventists want to relate to the question of abortion in ways that reveal faith in God as the Creator and Sustainer of all life and in ways that reflect Christian responsibility and freedom. Though honest differences on the question of abortion exist among Seventh-day Adventists, the following represents an attempt to provide guidelines on a number of principles and issues. The guidelines are based on broad biblical principles that are presented for study at the end of the document.<sup>2</sup>

1. Prenatal human life is a magnificent gift of God. God's ideal for human beings affirms the sanctity of human life, in God's image, and requires respect for prenatal life. However, decisions about life must be made in the context of a fallen world. Abortion is never an action of little moral consequence. Thus prenatal life must not be thoughtlessly destroyed. Abortion should be performed only for the most serious reasons.

2. Abortion is one of the tragic dilemmas of human fallenness. The Church should offer gracious support to those who person-

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ally face the decision concerning an abortion. Attitudes of condemnation are inappropriate in those who have accepted the gospel. Christians are commissioned to become a loving, caring community of faith that assists those in crisis as alternatives are considered.

3. In practical, tangible ways the Church as a supportive community should express its commitment to the value of human life. These ways should include: (a) strengthening family relationships, (b) educating both genders concerning Christian principles of human sexuality, (c) emphasizing responsibility of both male and female for family planning, (d) calling both to be responsible for the consequences of behaviors that are inconsistent with Christian principles, (e) creating a safe climate for ongoing discussion of the moral questions associated with abortion, (f) offering support and assistance to women who choose to complete crisis pregnancies, and (g) encouraging and assisting fathers to participate responsibly in the parenting of their children. The Church also should commit itself to assist in alleviating the unfortunate social, economic, and psychological factors that may lead to abortion and to care redemptively for those suffering the consequences of individual decisions on this issue.

4. The Church does not serve as conscience for individuals; however, it should provide moral guidance. Abortions for reasons of birth control, gender selection, or convenience are not condoned by the Church. Women, at times however, may face exceptional circumstances that present serious moral or medical dilemmas, such as significant threats to the pregnant woman's life, serious jeopardy to her health, severe congenital defects carefully diagnosed in the fetus, and pregnancy resulting from rape or incest. The final decision whether to terminate the pregnancy or not should be made by the pregnant woman after appropriate consultation. She should be aided in her decision by accurate information, biblical principles, and the guidance of the Holy Spirit. Moreover, these decisions are best made within the context of healthy family relationships.

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5. Christians acknowledge as first and foremost their accountability to God. They seek balance between the exercise of individual liberty and their accountability to the faith community and the larger society and its laws. They make their choices according to scripture and the laws of God rather than the norms of society. Therefore, any attempts to coerce women either to remain pregnant or to terminate pregnancy should be rejected as infringements of personal freedom.

6. Church institutions should be provided with guidelines for developing their own institutional policies in harmony with this statement. Persons having a religious or ethical objection to abortion should not be required to participate in the performance of abortions.

7. Church members should be encouraged to participate in the ongoing consideration of their moral responsibilities with regard to abortion in light of the teaching of scripture.

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<sup>1</sup>Abortion, as understood in these guidelines, is defined as any action aimed at the termination of a pregnancy already established. This is distinguished from contraception, which is intended to prevent a pregnancy. The focus of the document is on abortion.

<sup>2</sup>The fundamental perspective of these guidelines is taken from a broad study of scripture as shown in the following “Principles for a Christian View of Human Life:”

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## *Introduction*

“Now this is eternal life; that they may know you, the only true God, and Jesus Christ whom you have sent” (John 17:3, NIV). In Christ is the promise of eternal life; but since human life is mortal, humans are confronted with difficult issues regarding life and death. The following principles refer to the whole person (body, soul, and spirit), an indivisible whole (Genesis 2:7; 1 Thessalonians 5:23).

### *Life: Our valuable gift from God*

1. God is the Source, Giver, and Sustainer of all life (Acts 17:25,28; Job 33:4; Genesis 1:30, 2:7; Psalm 36:9; John 1:3,4).

2. Human life has unique value because human beings, though fallen, are created in the image of God (Genesis 1:27; Romans 3:23; 1 John 2:2; 1 John 3:2; John 1:29; 1 Peter 1:18,19).

3. God values human life not on the basis of human accomplishments or contributions but because we are God’s creation and the object of His redeeming love (Romans 5:6,8; Ephesians 2:2-6; 1 Timothy 1:15; Titus 3:4,5; Matthew 5:43-48; Ephesians 2:4-9; John 1:3, 10:10).

### *Life: Our response to God’s gift*

4. Valuable as it is, human life is not the only or ultimate concern. Self-sacrifice in devotion to God and His principles may take precedence over life itself (Revelation 12:11; 1 Corinthians 13).

5. God calls for the protection of human life and holds humanity accountable for its destruction (Exodus 20:13; Revelation 21:8; Exodus 23:7; Deuteronomy 24:16; Proverbs 6:16,17; Jeremiah 7:3-34; Micah 6:7; Genesis 9:5,6).

6. God is especially concerned for the protection of the weak, the defenseless, and the oppressed (Psalm 82:3,4; James 1:27; Micah 6:8; Acts 20:35; Proverbs 24:11,12; Luke 1:52-54).

7. Christian love (agape) is the costly dedication of our lives to enhancing the lives of others. Love also respects personal dignity and does not condone the oppression of one person to support the abusive behavior of another (Matthew 16:21; Philippians 2:1-11; 1 John 3:16; 1 John 4:8-11; Matthew 22:39; John 18:22,23; John 13:34).

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8. The believing community is called to demonstrate Christian love in tangible, practical, and substantive ways. God calls us to restore gently the broken (Galatians 6:1,2; 1 John 3:17,18; Matthew 1:23; Philippians 2:1-11; John 8:2-11; Romans 8:1-14; Matthew 7:1,2, 12:20; Isaiah 40:42, 62:2-4).

*Life: Our right and responsibility to decide*

9. God gives humanity the freedom of choice, even if it leads to abuse and tragic consequences. His unwillingness to coerce human obedience necessitated the sacrifice of His Son. He requires us to use His gifts in accordance with His will and ultimately will judge their misuse (Deuteronomy 30:19,20; Genesis 3; 1 Peter 2:24; Romans 3:5,6, 6:1,2; Galatians 5:13).

10. God calls each of us individually to moral decision making and to search the scriptures for the biblical principles underlying such choices (John 5:39; Acts 17:11; 1 Peter 2:9; Romans 7:13-25).

11. Decisions about human life from its beginning to its end are best made within the context of healthy family relationships with the support of the faith community (Exodus 20:12; Ephesians 5,6).

12. Human decisions should always be centered in seeking the will of God (Romans 12:2; Ephesians 6:6; Luke 22:42).





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# Recommendations:

## Use of Mifepristone (RU486)

**I**n the treatment of medical conditions, such as cancer, for which RU486 may provide effective therapy, the drug should be used in keeping with relevant laws and established medical science.

2. RU486 is also used for contraception. When the effect of the drug is to prevent fertilization, its use is ethically permissible. Like other oral contraceptives, however, RU486 may sometimes prevent implantation of a fertilized ovum. This is ethically problematic to those who consider this effect to be abortion.

3. When RU486 is used in legally permissible and medically appropriate ways for the purpose of causing abortion, the previously adopted Seventh-day Adventist Guidelines on Abortion should guide the practice.

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*This recommendation was voted by the Christian View of Human Life Committee at Pine Springs Ranch, California, April 10-12, 1994.*

*This document was voted by the General Conference of Seventh-day Adventists Administrative Committee (ADCOM), Silver Spring, Maryland, July 26, 1994.*



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# Seventh-day Adventist Statement of Consensus on Care for the Dying

*Annual Council, October 9, 1992*

**VOTED,** To approve A Seventh-day Adventist Statement of Consensus on Care for the Dying as follows:

**F**or people whose lives are guided by the Bible, the reality of death is acknowledged as part of the current human condition, affected by sin (Genesis 2:17; Romans 5; Hebrews 9:27). There is “a time to be born, and a time to die” (Ecclesiastes 3:2). Although eternal life is a gift that is granted to all who accept salvation through Jesus Christ, faithful Christians await the second coming of Jesus for complete realization of their immortality (John 3:36; Romans 6:23; 1 Corinthians 15:51-54). While waiting for Jesus to come again, Christians may be called upon to care for the dying and to face personally their own death.

Pain and suffering afflict every human life. Physical, mental, and emotional traumas are universal. However, human suffering has no expiatory or meritorious value. The Bible teaches that no amount or intensity of human suffering can atone for sin. The suffering of Jesus Christ alone is sufficient. Scripture calls Christians not to despair in afflictions, urging them to learn obedience (Hebrews 5:7-8), patience (James 1:2-4), and endurance in tribulations (Romans 5:3). The Bible also testifies to the overcoming power of Jesus Christ (John 16:33) and teaches that ministry to human suffering is an important Christian duty (Matthew 25:34-40). This was the example and teaching of Jesus

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(Matthew 9:35; Luke 10:34-36), and this is His will for us (Luke 10:37). Christians look in anticipation to a new day when God will end suffering forever (Revelation 21:4).

Developments in modern medicine have added to the complexity of decisions about care for the dying. In times past, little could be done to extend human life. But the power of today's medicine to forestall death has generated difficult moral and ethical questions. What constraints does Christian faith place upon the use of such power? When should the goal of postponing the moment of death give way to the goal of alleviating pain at the end of life? Who may appropriately make these decisions? What limits, if any, should Christian love place on actions designed to end human suffering?

It has become common to discuss such questions under the heading of euthanasia. Much confusion exists with regard to this expression. The original and literal meaning of this term was "good death." Now the term is used in two significantly different ways. Often euthanasia refers to "mercy killing," or intentionally taking the life of a patient in order to avoid painful dying or in order to alleviate burdens for a patient's family or society. (This is so called *active euthanasia*.) However, euthanasia is also used, inappropriately in the Seventh-day Adventist view, to refer to the withholding or withdrawal of medical interventions that artificially extend human life, thus allowing a person to die naturally. (This is so-called *passive euthanasia*.) Seventh-day Adventists believe that allowing a patient to die by foregoing medical interventions that only prolong suffering and postpone the moment of death is morally different from actions that have as their primary intention the direct taking of a life.

Seventh-day Adventists seek to address the ethical issues at the end of life in ways that demonstrate their faith in God as the Creator and Redeemer of life and that reveal how God's grace has empowered them for acts of neighbor love. Seventh-day Adventists affirm God's creation of human life, a wonderful gift worthy of being protected and sustained (Genesis 1-2). They also affirm God's wonderful gift of redemption that provides eternal life for

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those who believe (John 3:15; 17:3). Thus they support the use of modern medicine to extend human life in this world. However, this power should be used in compassionate ways that reveal God's grace by minimizing suffering. Since we have God's promise of eternal life in the earth made new, Christians need not cling anxiously to the last vestiges of life on this earth. Nor is it necessary to accept or offer all possible medical treatments that merely prolong the process of dying.

Because of their commitment to care for the whole person, Seventh-day Adventists are concerned about the physical, emotional, and spiritual care of the dying. To this end, they offer the following biblically based principles:

1. A person who is approaching the end of life, and is capable of understanding, deserves to know the truth about his or her condition, the treatment choices and the possible outcomes. The truth should not be withheld but shared with Christian love and with sensitivity to the patient's personal and cultural circumstances (Ephesians 4:15).

2. God has given human beings freedom of choice and asks them to use their freedom responsibly. Seventh-day Adventists believe that this freedom extends to decisions about medical care. After seeking divine guidance and considering the interests of those affected by the decision (Romans 14:7) as well as medical advice, a person who is capable of deciding should determine whether to accept or reject life-extending medical interventions. Such persons should not be forced to submit to medical treatment that they find unacceptable.

3. God's plan is for people to be nourished within a family and a faith community. Decisions about human life are best made within the context of healthy family relationships after considering medical advice (Genesis 2:18; Mark 10:6-9; Exodus 20:12; Ephesians 5-6). When a dying person is unable to give consent or express preferences regarding medical intervention, such decisions should be made by someone chosen by the dying

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person. If no one has been chosen, someone close to the dying person should make the determination. Except in extraordinary circumstances, medical or legal professionals should defer decisions about medical interventions for a dying person to those closest to that individual. Wishes or decisions of the individual are best made in writing and should be in agreement with existing legal requirements.

4. Christian love is practical and responsible (Romans 13:8-10; 1 Corinthians 13; James 1:27; 2:14-17). Such love does not deny faith nor obligate us to offer or to accept medical interventions whose burdens outweigh the probable benefits. For example, when medical care merely preserves bodily functions, without hope of returning a patient to mental awareness, it is futile and may, in good conscience, be withheld or withdrawn. Similarly, life-extending medical treatments may be omitted or stopped if they only add to the patient's suffering or needlessly prolong the process of dying. Any action taken should be in harmony with legal mandates.

5. While Christian love may lead to the withholding or withdrawing of medical interventions that only increase suffering or prolong dying, Seventh-day Adventists do not practice "mercy killing" or assist in suicide (Genesis 9:5, 6; Exodus 20:13; 23:7). They are opposed to *active euthanasia*, the intentional taking of the life of a suffering or dying person.

6. Christian compassion calls for the alleviation of suffering (Matthew 25:34-40; Luke 10:29-37). In caring for the dying, it is a Christian responsibility to relieve pain and suffering, to the fullest extent possible, not to include *active euthanasia*. When it is clear that medical intervention will not cure a patient, the primary goal of care should shift to relief from suffering.

7. The biblical principle of justice prescribes that added care be given the needs of those who are defenseless and dependent (Psalm 82:3, 4; Proverbs 24:11, 12; Isaiah 1:1-18;

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**Micah 6:8; Luke 1:52-54). Because of their vulnerable condition, special care should be taken to ensure that dying persons are treated with respect for their dignity and without unfair discrimination. Care for the dying should be based on their spiritual and medical needs and their expressed choices rather than on perceptions of their social worthiness (James 2:1-9).**

**As Seventh-day Adventists seek to apply these principles, they take hope and courage from the fact that God answers the prayers of His children and is able to work miraculously for their well-being (Psalm 103:1-5; James 5:13-16). Following Jesus' example, they also pray to accept the will of God in all things (Matthew 26:39). They are confident that they can call on God's power to aid them in caring for the physical and spiritual needs of suffering and dying individuals. They know that the grace of God is sufficient to enable them to endure adversity (Psalm 50:14, 15). They believe that eternal life for all who have faith in Jesus is secure in the triumph of God's love.**





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# Christian Principles of Genetic Interventions

**M**ost of the new developments in genetics are the result of increased knowledge concerning the fundamental structure of genes, not only in humans but throughout all the realms of life on earth.<sup>1</sup> Among these developments are genetic mapping, new means for genetic testing, new possibilities for genetic engineering, and a variety of eugenic strategies that would have been unimaginable only a few years ago. In short, new genetic knowledge has produced unprecedented power. With that power has come the potential for immense good or harm. And with such great power also comes great responsibility. From the standpoint of the Christian faith, we are accountable for the use of this power not only to global humanity, but also to every realm of created life that God has entrusted to our stewardship. Ultimately we are accountable to the Maker of the universe who holds us responsible for the care of each other and of the earth.

When creation came forth from the Creator's hand it was "very good." (Gen. 1:31) The genetic endowment which Adam and Eve received from their Creator was without defects. The genetic diseases from which humans now suffer are not the result of normal variation. They have developed through harmful mutation. In restoring the human genome to a healthier condition, modern sciences may attempt to recover more of creation's original condition. To the extent that helpful genetic interventions can be conducted in harmony with Christian principles, they are to be welcomed as cooperation with the divine intention of alleviated the painful results of sin.

Any attempt to state comprehensive principles of ethics for genetic interventions must confront the complexities of a rapidly changing field of science. Since the discovery of the molecular

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structure of DNA (deoxyribonucleic acid), knowledge of genetics across an ever wider range of life forms has burgeoned.

Many of the increases in information and technological ability have been accompanied by significant ethical concerns. We can only begin to imagine future questions that will arise as genetic science progresses. The complexity of the issues and the pace of change make it likely that statements of relevant Christian principles will require expansion and modification as time passes.

One example of an area of rapid change is genetic mapping. An international, scientific effort known as the Human Genome Project is attempting to construct a detailed genetic chart, or “map,” of all the human chromosomes. The goal is to provide a comprehensive description of the sequence of the millions of DNA base pairs which human chromosomes contain. Researchers plan to use this information to facilitate the identification and isolation of human genes, thereby providing a helpful aid in understanding human development and in treating human diseases. New details about the identity, role, and function of human genes are continually emerging.

Increased knowledge about the identity of human genes has given rise to a variety of new possibilities for genetic testing. In the past, genetic information about an individual was largely inferred from the person’s family history or clinical observations of the person’s phenotype, or physical expressions of a person’s genes. Today, a growing number of sophisticated genetic analyses make it possible to identify defective genes that cause genetic diseases such as cystic fibrosis, Huntington’s Chorea, and some types of cancer. Many of these tests can now be performed prenatally. The potential exists for identifying hundreds of genetic characteristics, including a wide range of genetic disorders.

A further result of basic genetic knowledge is the capacity to alter genes intentionally, or genetic engineering. Through the use of enzymes which are able to excise specific segments of genes, it is possible to change the genetic makeup of cells by deliberately inserting, removing, or changing specific genes. Genetic

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engineering presents astonishing new possibilities, including the transfer of genes across biological boundaries, such as from animals to plants. The potential for improving life forms seems endless. Genetically engineered plants, for example, can be made more productive, more resistant to diseases, or less susceptible to internal processes of decay.

Genetic engineering has directly benefited human medicine. It has made possible, for example, the production of human insulin and human growth factor, neither of which was previously obtainable in sufficient quantities. Genetic engineering also makes it possible to treat diseases through genetic alteration. With this type of treatment, a patient whose cells have missing or defective genes receives needed genetic material. No one knows how many genetic diseases may eventually be treated in this way, but initial successes with diseases such as cystic fibrosis give hope that other genetic disorders may be treatable.

Increased genetic knowledge also produces new possibilities for eugenics, or endeavors to improve the gene pool of various species, including human beings. In broad terms, such attempts fall into two categories. Negative eugenics uses strategies whose goal is to prevent harmful genes from being inherited. Positive eugenics uses strategies whose goal is to promote the transmission of desirable genes. An example of negative eugenics, common in the past, is the sterilization of individuals considered to have defective genes capable of being inherited. An example of positive eugenics is artificial insemination by donors who have been selected for traits, such as high intelligence, that are deemed desirable.

## Ethical Concerns

In order to provide focus, it is helpful to consider a sampling of current ethical concerns for which we seek to state Christian principles. These concerns can be placed in four basic categories: the sanctity of human life, the protection of human dignity, the acceptance of social responsibilities, and the safekeeping of God's creation.

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***Sanctity of human life.*** If genetic determinism reduces the meaning of humanhood to the mechanistic outworkings of molecular biology, there is serious potential for devaluing human life. For example, new capacities for prenatal genetic testing, including the examination of human pre-embryos prior to implantation, generate questions about the value of human life when it is genetically defective. How serious must a genetic defect, prenatally diagnosed, be before it is an ethically legitimate reason for discarding a pre-embryo or for inducing an abortion? Some conditions, such as trisomy 18, are generally deemed incompatible with life. But the relative seriousness of most genetic defects is a matter of judgment.

***Protection of human dignity.*** The protection of personal privacy and confidentiality is one of the major concerns associated with the new possibilities for genetic testing. Knowledge about a person's genetic profile could be of significant value to potential employers, insurance companies, and to those related to the person. Whether genetic testing should be voluntary or mandatory, when and by whom the testing should be done, how much and with whom the resulting information should be shared are matters of significant ethical concern. Difficult decisions must be made about whether there are exceptions to the usual expectation of confidentiality and privacy when persons may suffer considerable harm because of a lack of information. At stake is the protection of persons from stigma and unfair discrimination on the basis of their genetic makeup.

Another cluster of concerns related to human dignity stems from the possibility of intentionally altering the human gene pool. Medical interventions for genetic diseases may be aimed either at the treatment of bodily cells that are genetically defective or at the alteration of reproductive cells. Changes in human reproductive cells could become a permanent part of the human gene pool. Interventions may also extend beyond the treatment of disease and include attempts to enhance what have formerly been considered normal human characteristics. What are the implications for the meaning of being human, for ex-

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ample, if interventions aimed at enhancing human intelligence or physique become available?

*Acceptance of social responsibilities.* The power that results from new genetic knowledge also raises concerns about the ethics of social policies and the boundaries between individual liberties and social responsibilities. For example, should society develop policies designed to encourage either positive or negative eugenics? Should individuals with serious genetic disorders be given full procreative liberty? Another area of social concern has to do with the use of society's resources. Questions can be raised about the amount of social resources that should be spent for interventions in human genetics when more basic health care is not fully available. Other questions arise concerning the distribution of the benefits and burdens of genetic interventions and how they will be shared by rich and poor within society.

*Stewardship of God's creation.* As the powers of genetic engineering are further developed, many changes could be made in various species that inhabit the earth. These changes have the potential for being both permanent and, to some degree, unpredictable. What limits to genetic change, if any, should be accepted? Are there boundaries that should not be crossed in transferring genes from one life form to another? We may hope that genetic changes are intended to enhance life on our planet.

But there are reasons for concern. For example, consideration has already been given to genetic alterations for the purpose of developing new biological weapons. The exploitation of other life forms for purposes of military security or economic gain should call forth careful, moral scrutiny.

It is with ethical concerns like these in mind that we state the following Christian principles for genetic interventions.

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## Principles

1. *Confidentiality.* Christian love requires that trust be maintained in human relationships. The protection of confidentiality is essential to such trust. In order to safeguard personal privacy and protect against unfair discrimination, information about a person's genetic constitution should be kept confidential unless the person elects to share the knowledge with others. In cases where others may suffer serious and avoidable harm without genetic information about another person, there is a moral obligation to share the needed information (Matt. 7:12, Phil. 2:4).

2. *Truthfulness.* The Christian obligation to be truthful requires that the results of genetic testing be honestly reported to the person tested or to responsible family members if the person is incapable of understanding the information (Eph. 4:25).

3. *Honoring God's image.* In all of God's creation, only human beings were created in the image of God (Gen. 1:26, 27). The Christian acknowledgment of God's wisdom and power in creation should lead to caution in attempts to alter permanently the human gene pool (Gen. 1:31). Given current knowledge, genetic interventions in humans should be limited to treatment of individuals with genetic disorders (somatic cell therapies) and should not include attempts to change human reproductive cells (germ cell alterations) that could affect the image of God in future generations. All interventions in human beings for genetic reasons should be taken with great moral caution and with appropriate protection of human life at all stages of its development.<sup>2</sup>

4. *Prevention of suffering.* It is a Christian responsibility to prevent or relieve suffering whenever possible (Acts 10:38, Luke 9:2). For this reason the primary purpose of human genetic intervention should be the treatment or prevention of disease and the alleviation of pain and suffering. Because of the tenden-

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cies of sinful human nature, the possibility of abuse, and unknown biological risks, attempts to modify physical or mental characteristics with genetic interventions for healthy persons who are free of genetic disorders should be approached with great caution.

5. *Freedom of choice.* God values human freedom and rejects the way of coercion. People who are capable of making their own decisions should be free to decide whether or not to be tested genetically. They should also be free to decide how to act on information that results from testing, except when others may suffer serious and avoidable harm. It may be the morally responsible choice to avoid known risks of serious congenital defects by forgoing procreation. While such decisions about procreation and genetic testing are deeply personal, they should be made by the individual with due consideration for the common good.

6. *Stewardship of creation.* Safeguarding God's creation includes esteem for the diversity and ecological balance of the natural world with its countless species of living creatures (Gen. 1). Genetic interventions with plants and animals should show respect for the rich variety of life forms. Exploitations and manipulations that would destroy natural balance or degrade God's created world should be prohibited.

7. *Nonviolence.* Using genetic manipulation to develop means of warfare is a direct affront to Christian values of peace and life. It is morally unacceptable to abuse God's creation by changing life forms into weapons of destruction (Rev. 11:18).

8. *Fairness.* God loves all human beings, regardless of their perceived social status (Acts 10:34). The benefits of genetic research should be accessible to people in need without unfair discrimination.

9. *Human dignity.* Created in God's image, human beings are more than the sum of their genes (Gen. 1:27, Acts 17:28).

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Human dignity should not be reduced to genetic mechanisms. People should be treated with dignity and respect for their individual qualities, and not be stereotyped on the basis of their genetic heritage.

**10. *Healthfulness.*** Christians have a responsibility to maintain the health of their bodies, including their genetic health (1 Cor. 10:31). This means that Christians should avoid that which is likely to be genetically destructive to themselves or to their children, such as drug abuse and excessive radiation.

## Glossary

***Base pairs.*** Pairs of complementary bases forming the DNA structure; the units used to measure the length of DNA. Base pairs consist of adenine (A), which must always pair with thymine (T), and guanine (G), which must always pair with cytosine (C).

***Chromosome.*** The condensed rod made up of a linear thread of DNA interwoven with protein that is the gene-bearing structure of living cells. Human beings have twenty-three pairs of chromosomes.

***DNA (deoxyribonucleic acid).*** The double helix molecule that encodes genetic information and is the primary hereditary molecule in most species.

***Enzyme.*** A protein that facilitates a specific chemical reaction without changing its direction or nature.

***Eugenics.*** Strategies for attempting to improve the gene pool of a species either by halting the transmission of unwanted characteristics or increasing the transmission of desired characteristics.

***Gene.*** The basic unity of heredity; a section of DNA that



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contains information for the production of specific protein molecules.

*Gene mapping.* The process of ascertaining the genetic sequence of a species.

*Gene therapy.* The medical replacement or repair of defective genes in living cells.

*Genetic engineering.* The process of altering the genetic makeup of cells or individual organisms by deliberately inserting, removing, or changing specific genes.

*Genetic testing.* The examination of individuals' genetic makeup for the purpose of identifying possible hereditary traits, including defects or abnormalities.

*Germ cell.* Reproductive cell.

*Genome.* All of the genetic material in the chromosomes of a particular organism or individual.

*Genotype.* An individual's genetic makeup.

*Human Genome Project.* The international, scientific effort to construct a detailed map of human genes, identifying their structure and function.

*Implantation.* The attachment of an embryo to the wall of the uterus.

*Mutation.* A permanent alteration of DNA that can be inherited.

*Negative eugenics.* Strategies for preventing the transmission of genetic traits which are deemed undesirable.

***Phenotype.*** The observable characteristics resulting from a particular genotype as influenced by environmental factors.

***Positive eugenics.*** Strategies for promoting the transmission of genetic traits which are deemed desirable.

***Pre-embryo.*** A fertilized ovum (or conceptus) prior to implantation and the beginning of pregnancy.

***Recombinant DNA.*** A novel sequence of DNA that is artificially produced by joining segments of DNA.

***Somatic cell.*** Any cell of a body other than reproductive cells.

<sup>1</sup>*Italicized words are defined in a glossary at the end of this statement.*

<sup>2</sup>*With reference to selective abortion, refer to the principles stated in "Seventh-day Adventist Guidelines on Abortion."*

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